

Submit 3 Copies To Appropriate District
Office

District I
1625 N. French Dr., Hobbs, NM 88240

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-02504786
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Joe Melton Drilling Co., Inc.		6. State Oil & Gas Lease No. NM B-935
3. Address of Operator P.O. Box 4203 Midland, Texas 79704		7. Lease Name or Unit Agreement Name: New Mexico State ^G
4. Well Location Unit Letter <u>E</u> : 1980 feet from the <u>North</u> line and 785 feet from the <u>West</u> line Section <u>26</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County		8. Well No. 11
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3545'		9. Pool name or Wildcat Eumont Yates 7 Rvrs. Queen oil

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Attempt again, to re-enter this well and complete the Queen formation
Acidize w/1500 gallons 15% NE acid and frac w/100,000# 20-40 sand,
20,000 gallons 50 Quality foam frac.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Karen Allen TITLE Secretary DATE 10/18/00

Type or print name Karen Allen Telephone No. 915 682-5461
(This space for State use)

APPROVED BY _____ TITLE _____ DATE OCT 24 2000
Conditions of approval, if any:

scleg to delete
pool well to main

